

AUTUMN

2018 Newsletter



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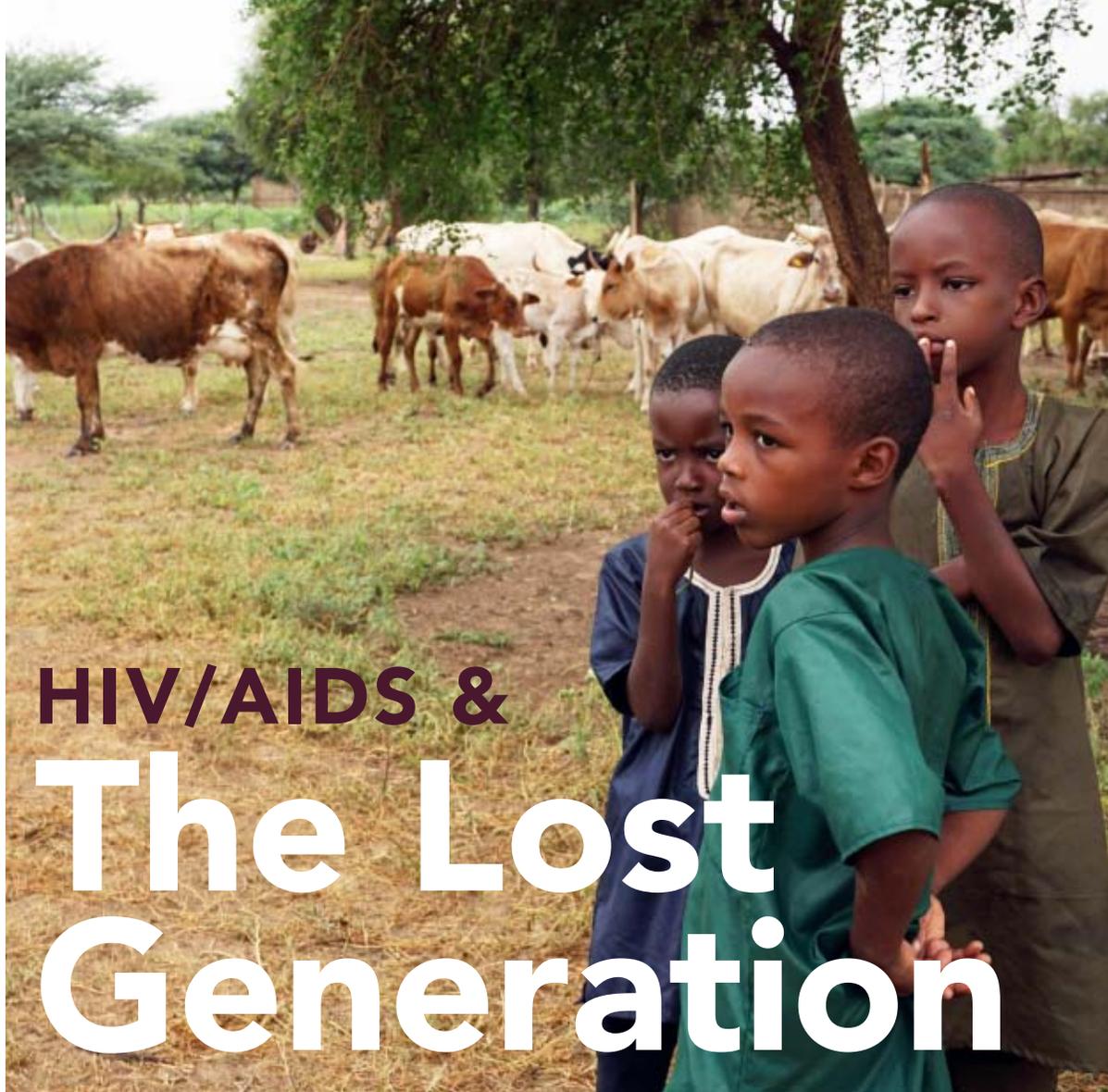
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HIV/AIDS & The Lost Generation

The human immunodeficiency virus (HIV), transmitted through exchange of body fluids, attacks the cells of the immune system. Left untreated, it leads to AIDS (Acquired Immunodeficiency Syndrome), rendering victims defenceless against otherwise minor illnesses. Many factors have contributed to the exceptionally high prevalence of AIDS, especially in the poor and marginalized populations of many African countries. Social stigmas and cultural ideologies (especially regarding expectations of husbands and wives) have led to denial and refusal of testing and treatment, as well as ostracism of those who are infected. The key factor for the spread of HIV/AIDS is poverty. Poverty means less education and means of protection. It also means a lack of resources that can lead women to sell themselves into the sex trade and men to migrate far from home in search of work: two ways in which HIV is spread at alarming rates. Poverty also renders governments incapable of properly responding to the epidemic through widespread testing, treatment, and education. AIDS is different from other tragedies such as famines, wars, or lack of clean water because it amplifies already-existing problems. It increases vulnerability to other epidemics like tuberculosis, it impairs a population's ability to respond to environmental disasters, and it increases political instability by targeting the most productive generation. Decades of these challenges have allowed AIDS to maintain a stronghold on the African population, while dropping to all-time lows in North America.

It is not an exaggeration to say that everyone in Africa is affected by HIV/AIDS. Either they know someone who has it, are caring for someone who has it, or have it themselves. Currently the biggest challenge facing African communities is the loss of nearly an entire generation – the middle-aged adults – leaving aging grandparents to take up the role of parents again by looking after the children left behind.

South Africa Home-Based Care: Caring For The Caregivers

Lydia was one of the first volunteers when the Mkheweni home-based care (HBC) project was set up in 2003. At first she visited young to middle-aged adults who were dying of HIV/AIDS, or of other diseases such as tuberculosis, but soon her role expanded to include supporting orphans whose parents had died. Some orphans lived on their own, and others lived with and were cared for by their old *gogos* (grandmothers). Today the reality of the HIV/AIDS epidemic is different again. The old *gogos*, who for years have taken care of their orphaned grandchildren, are becoming frail and are in need of care and support themselves. Lydia and fellow HBC volunteers now also provide this much-needed care to women such as Nosepho. Nosepho is a grandmother whose orphaned grandchildren are away at school (thanks to education grants), leaving her to spend much of the day alone. She has lost one leg due to complications from diabetes, and she can't afford a wheelchair, so she is confined to her rondavel (mud hut) without heat, hydro or running water. Lydia comes as often as she can to make sure that Nosepho is safe, to assist with toileting, and to ensure that she has food and water. Through CRWRF's financial support, Lydia is also able to provide a supply of feminine products that Nosepho can use when there is no one to help her get to the outhouse. Small gestures such as this have a great impact on Nosepho and other elderly grandmothers, who have cared for their children as they were dying of AIDS, and then for their orphaned grandchildren.

Sadly, Lydia passed away suddenly on Tuesday August 7, the day we were to visit with her and other Mkheweni HBC volunteers. Instead we and the volunteers went to her kraal to pay respects to her relatives.



LYDIA A FAITHFUL MKHIWENI HBC VOLUNTEER

Senegal CRWRF and World Renew Partnership

The HIV/AIDS rate in the northeast region of Linguere is 2%, which is twice as high as in the rest of Senegal. Antiretroviral (ARV) medicine is free in Senegal, but the government provides no other care, so poor patients often cannot pay for transportation to the doctor, medical tests, consultations, and other medication.

CRWRF partnered with World Renew in support of the Orphans and Vulnerable Children program in Linguere, Senegal. The program assisted 77 orphans and vulnerable children (OVC), who have lost one or both of their parents to AIDS or lost their mothers during childbirth. CRWRF was able to provide funds for food, medical care, school fees, counselling for caregivers, and milk supplies for newborn babies.

Services Luthériens pour le Développement au Sénégal (SLDS) frequently receives requests from doctors to assist patients who have been affected by HIV/AIDS. One man, who had recently tested positive for HIV and was referred to SLDS for treatment, was asked to bring his wife in for testing and possible treatment. She also tested positive, and when the SLDS staff met with her to counsel her about the possible side effects of the ARVs they had prescribed, she admitted that she had already been taking these medications before she got married, but stopped taking them to hide her HIV-positive status from her husband. Family counselling was required to help repair the resulting damage to their relationship, and now the couple is able to support each other.



FORMULA AND FILTERED WATER

Kenya Parenting A Second Generation

In Canada, we tend to plan for and look forward to retirement. We anticipate "Freedom 55" (or 65 at the latest), and a relaxed lifestyle with more time for our hobbies, or travelling. Yet for some, there is no such thing as retirement. Many grandparents in Kenya are taking care of their grandchildren; occasionally this happens when children are born out of wedlock, but more often, children become their grandparents' responsibility when their parents die of AIDS. Margaret, a 65-year-old widow, is now the chief caregiver of her five orphaned grandchildren. She needs to supplement the income she earns from peasant farming, which is difficult work (especially at her age) and does not allow her to provide adequately for her grandchildren. Margaret has joined the community self-help group through the Tamu project; there she is learning how to save money, and in time she will receive a loan to start an income-generating activity such as poultry-keeping. The Tamu project will also connect her to development agencies and the government, to ensure that she receives the services that she requires as a needy, elderly woman. Retirement as we know it is not an option for Margaret and many others like her; but through the Tamu project we are given the opportunity to walk alongside these brothers and sisters, and make life just a little bit easier for them.

What can we do?

The life experiences of the people of Kenya, South Africa, and Senegal are often heartbreaking. These stories illustrate how great the need is – not just financially but also spiritually. It is clear, however, that in the face of the widespread effect of HIV/AIDS in Africa, **there is also a great opportunity to spread hope.** CRWRF will continue to seek out partnerships to provide hope for these areas through education, provision of physical needs, and prayer.